

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 250B	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Edward F Flaherty P.O. Box, Bldg., Room No., if any Street 67 Perkins Street City Stoneham State Massachusetts ZIP Code + 4 02180	4. Name, file number, and address of labor organization. Name New England Regional Council of Carpenters Labor Organization File Number 540-823 P.O. Box, Building and Room Number, if any Street 803 Summer Street, 4th Floor City South Boston State Massachusetts ZIP Code + 4 02127
5. Position in labor organization. Controller	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. Not applicable. 7.b. Amount. <div style="text-align: right;">\$0</div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Edward F. Flaherty</i></u>	On 7/1/2005 Date	(617) 268-3400, Ext. 2111 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Fleet Bank (now Bank of America)
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 100 Federal Street
City Boston
State Massachusetts ZIP Code + 4 02110

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

The New England Regional Council of Carpenters has a money market fund on deposit at Fleet Bank. At 12/31/04 the total amount of the deposit was approximately \$1,837,000.

11.b. Approximate dollar value of such dealing.

\$1,837,000

12.a. Nature of interest held or income received.

1. Attended "Preservation Hall Jazz Band" concert at Symphony Hall, Boston, MA on 3/12/2004. Two tickets @ \$50 each.
2. Attended "Wynton Marsalis Septet" concert at Symphony Hall, Boston, MA on 4/28/2004. Two tickets @ \$50 each.

12.b. Amount.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

Not applicable.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0